

INCOMPLETE GRADE FORM

Student Name _____ Student I.D. Number _____

Course Information with Course Prefix, Number, and Section (e.g. ENGL 1301.002): _____
Semester and Year of Course (e.g. Spring 2020): _____

INCOMPLETE GRADE CONTRACT (to be completed by the instructor)

Reason for "I" Grade

List the assignment(s)/task(s) to be completed AND Due Date for all assignments/tasks:

Due Date:

"I" grades are automatically changed to "F" grades after 12 months.

Select the current letter grade or list the number grade: A B C D F **OR** # Grade: _____

Instructions for computing grade upon completion of the assignment(s):

Faculty Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Department Chair Signature: _____

Date: _____

This document should be kept with the student's academic records (e.g. EAB or departmental records)